



**City of
Norfolk**

**APPLICATION
CHANGE OF ZONING**

Date of application: _____

Change of Zoning

From: _____ **Zoning** **To:** _____ **Zoning**

DESCRIPTION OF PROPERTY

Property location: (Street Number) _____ (Street Name) _____

Existing Use of Property: _____

Current Building Square Footage _____

Proposed Use _____

Proposed Building Square Footage _____

Trade Name of Business (If applicable) _____

APPLICANT/ PROPERTY OWNER

1. Name of applicant: (Last) _____ (First) _____ (MI) _____

Mailing address of applicant (Street/P.O. Box): _____

(City) _____ (State) _____ (Zip Code) _____

Daytime telephone number of applicant () _____ Fax () _____

E-mail address of applicant: _____

DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT

810 Union Street, Room 508

Norfolk, Virginia 23510

Telephone (757) 664-4752 Fax (757) 441-1569

**Rezoning
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2. Name of property owner:(Last)_____First) _____(MI)_____(

Mailing address of property owner (Street/P.O. box): _____

(City) _____ (State) _____ (Zip Code) _____

Daytime telephone number of owner () _____ Fax number () _____

CIVIC LEAGUE INFORMATION

Civic League contact: _____

Date(s) contacted: _____

Ward/Super Ward information: _____

REQUIRED ATTACHMENTS

- ▶ Check for \$415.00 made payable to: Norfolk City Treasurer
- ▶ 2 8½x14 copies of a survey or site plan drawn to scale showing:
 - Existing and proposed building structures
 - Driveways
 - Parking
 - Landscaping
 - Property lines (see attached example)
- ▶ Description and details of the operation of the business (i.e., # of employees, # of bays, reason for rezoning, etc...)

CERTIFICATION:

I hereby submit this complete application and certify the information contained herein is true and accurate to the best of my knowledge:

SIGNED:

_____/_____/_____
(Property owner or authorized agent signature) (Date)

_____/_____/_____
(Applicant signature) (Date)

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